

FINANCIAL AFFIDAVITCJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EX-PT 17 OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

W.F. vs. Wheeler

FOR

AUG 18 2008

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Marcus Wheeler

MAGISTRATE JUDGE
GERALDINE SOAT BROWN
UNITED STATES DISTRICT COURT

- ☒ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) ☒ Felony ☐ Misdemeanor

Removal

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment 3/08 How much did you earn per month? \$ 700
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	RECEIVED	SOURCES
CASH	Have you any cash on hand or money in savings or checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ 1.25	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	VALUE	DESCRIPTION
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____	

DEPENDENTS

MARITAL STATUS

☒ SINGLE☐ MARRIED☐ WIDOWED☐ SEPARATED OR DIVORCEDTotal
No. of
Dependents

1

List persons you actually support and your relationship to them

OBLIGATIONS & DEBTS**DEBTS & MONTHLY BILLS**

(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT OR HOME:

Creditors

Total Debt

Monthly Payt.

	\$	\$
Child Support	\$ 76 / month	\$ -
Credit cards / Student loan	\$ 7000	\$ -
	\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 8/12/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Marcus Wheeler